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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

|                        |                   |
|------------------------|-------------------|
| Application Number     | 09/522,554        |
| Filing Date            | March 10, 2000    |
| First Named Inventor   | ROSSI, Francis M. |
| Group Art Unit         | 1643              |
| Examiner Name          | CEPERLY, M.       |
| Attorney Docket Number | 01665.0016.00US01 |

To: Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

I hereby apply to withdraw as attorney or agent for the above-identified patent application.

The reason for this request is: In-house counsel will handle further prosecution.

**APPROVED**

*William J. Halluin*  
SPRG, TR 1600  
9/01/04

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

**CORRESPONDENCE ADDRESS**

☐ Customer Number

OR

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Bar Code Label here

|                                                             |                                                                          |       |              |     |       |
|-------------------------------------------------------------|--------------------------------------------------------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual name | Jeff Oster, Sr. V.P. Intellectual Property and Assistant General Counsel |       |              |     |       |
| Address                                                     | COMBIMATRIX CORPORATION                                                  |       |              |     |       |
| Address                                                     | 6500 Harbour Heights Pkwy, Suite 301                                     |       |              |     |       |
| City                                                        | Mukilteo                                                                 | State | WA           | ZIP | 98275 |
| Country                                                     | USA                                                                      |       |              |     |       |
| Telephone                                                   | 425-493-2000                                                             | Fax   | 425-493-2010 |     |       |

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number \_\_\_\_\_

This request is enclosed in triplicate (including any attachments).

|           |                                     |
|-----------|-------------------------------------|
| Name      | Albert P. Halluin / Adam K. Whiting |
| Signature | <i>Albert P. Halluin</i>            |
| Date      | April 28, 2004                      |

*NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time  
period for response or possible extension period, the request to withdraw is normally disapproved.*

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.